

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41801

1. PLACE OF DEATH

County Cathlamet
Township Leavenworth
City Leavenworth (No.)

Registration District No. 672
Primary Registration District No. 5895

File No.
Registered No. 14 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Connor Buckley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 123

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue La Rosa

13. NAME Miss Buckley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue La Rosa

15. MAIDEN NAME Mary Watkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue La Rosa

17. INFORMANT (ADDRESS) John S. Buckley

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth DATE Dec 28

19. UNDERTAKER (ADDRESS) B. F. Vargers

20. FILED Dec 6, 1931 J. H. Evans Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1931 to Dec 5 1931
I last saw him alive on Dec 5 1931. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Liver Date of onset 1930

466
Other contributory causes of importance:
Acute Nephritis 1931
Hemorrhage Heart, Bowels, Kidney 1931

Name of operation Date of

What test confirmed diagnosis? Visual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. E. Walker M. D.

(Address) La Monte Mo

